

and rendering them harmless. I can see no evidence to show that these micro-organisms attack healthy tissues, or can in any way inflict injury upon them. A dead cell differs from a living one. Outside of the affinities by which every transformation in dead tissue is to be explained, unknown laws exist by which the changes in living tissues are governed. When, under the microscope, a solution of aniline red is placed upon living tissue, the cells are not coloured by it; if this tissue dies, the cells imbibe immediately the colouring matter; as Holmes puts it, "no convincing proof of the germ theory, as applied to *living tissues and living phenomena*, has, so far as I know, yet been offered." But, be this as it may, I never felt the need, from the results obtained, of using in my surgical practice, the so-called antiseptic precautions, beyond what are mentioned above.¹

ARTICLE XII.

A CASE OF CONGENITAL CYST OF THE BACK OF THE HEAD, WITH SEROUS CONTENTS, ITS CAVITY UNCONNECTED WITH THAT OF THE SKULL. By LOUIS W. ATLEE, M.D.

THIS case is so rare as to be well worthy of record. I can find none like it except the one recorded in Billroth's *Clinical Surgery* (New Sydenham Society ed., p. 43). Billroth's account is illustrated by a figure showing the shape and size of the swelling. The cases are so similar, that in my account I shall in many places copy the one he gives, and do so as far as possible. In Billroth's case the child was a female.

John Patrick Brady, a male child, five days old, was brought to my father's office Sept. 19, 1882, from Nicetown, for a congenital tumour at the back of the head. The birth had been accomplished by natural means, and it was the first child. The father, who accompanied the child, was a large healthy man, and the mother's health was reported to be equally perfect. Nothing had occurred during the pregnancy to make her anxious or frightened.

This tumour gave the child exactly the appearance represented by the

¹ These results in figures are not given, for the reason stated above, that *cases are not to be numbered, but to be weighed*. The information, for example, to be drawn from the bare statistical results of the operations of one surgeon who was careful to not operate in certain cases, and who refused to operate in almost every case where he could not personally attend to the subsequent treatment, cannot be the same as that drawn from those of another, who did not decline any case, and who frequently never saw his patients after the operation. Dangers inherent in the operation, essential to it alone, may be and are increased by dangers to be attributed to the operator. *Non numerande, sed perpendendæ, sunt observationes*; and, moreover, as Fontanelle says, *l'art d'observer, qui n'est que le fondement de la science, est lui-même une très grande science*.

figure. It was soft, fluctuating, moderately full of fluid, and translucent when made tense. It was easy by the touch to satisfy one's self that there was no opening in the skull, and that the tumour was neither an encephalocele nor meningocele. No other deformity was noticeable. In Billroth's case the right ulna was unnaturally short, so that the hand of that side was strongly adducted. The cyst was punctured by a small trocar, and about two ounces of liquid came away. It was of a pale yellow colour that became slightly tinged with red at the bottom on standing; neutral in reaction; contained some albumen and no sugar. The specific gravity less than 1.005. The microscope showed nothing but some blood corpuscles.



In Billroth's case the composition is given as follows:—

Serum Albumin	4.29 p. c.
Myosin and Fibrin-forming ingredients	Very little.
Paralbumin	A trace.
Mucin	0
Urea	The slightest trace.
Sugar	Doubtful.
Sulphuric, Phosphoric, and Muriatic Acids, } Sodium Chloride	A trace.

This analysis, according to Billroth, shows that the cyst did not contain cerebro-spinal fluid.

In Billroth's case the sac began to fill again slowly, but diarrhoea came on the day after the operation. This was followed by pneumonia, and the child died a week after the puncture. *Post mortem*: the cyst was found to consist of a thin-walled sac, with a very smooth lining. It lay in the cellular tissue beneath the scalp, and was entirely removable from the bone. No opening in the skull, or defect where some previously existing communication might have been shut off, could be found.

My father, after emptying the cyst, put a well-fitting cap on the child, and it was taken home. On the 16th of October, 1882, the child was brought back again with the tumour very much contracted, and evidently going away. About three drachms of the same kind of fluid were drawn off this time. The child was in robust health.